

**(Enter name) Local Workforce Development Area**

**Designation of Grant Recipient & Fiscal Agent**

The Chief Elected Officials (CEOs) of the \_\_\_\_\_ Local Workforce Development Area (LWDA) hereby designate \_\_\_\_\_ as the grant recipient and fiscal agent pursuant to the Workforce Innovation and Opportunity Act (WIOA).

While WIOA permits the local CEOs to designate an entity to serve on their behalf as grant recipient and fiscal agent, the CEOs understand that this designation does not relieve them of their liability for any misuse of grant funds. The use of electronic signatures is authorized and strongly encouraged for timely execution.

<u>County</u>	<u>Authorized Signature</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____

As the authorized signatory official of \_\_\_\_\_, I accept the responsibilities as WIOA grant recipient and fiscal agent for the \_\_\_\_\_ LWDA.

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date